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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045801 (4)

1. Corporation Name
UNIVERSAL MEDICAL & REHABILITATION CLINIC, INC.



Principal Place of Business
11110 SPRINGFIELD PLACE
COOPER CITY FL 33026

Mailing Address
11110 SPRINGFIELD PLACE
COOPER CITY FL 33026-4853

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 16855 N.E. 2nd Ave

26 16855 N.E. 2nd Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

22 302-A

27 302-A

City & State

City & State

23 N. Miami Beach, FL.

28 N. Miami Beach, FL.

Zip

Country

Zip

Country

24 33162

25 Dade

29 33162

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	CAZES, DEBBIE	11110 SPRINGFIELD PLACE	COOPER CITY FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

651-2020

Date

Daytime Phone #

0135204

CR2E034 (9/96)